

look to her for a solution to the problem. It would be more useful for a female physician to understand that the harassment she is experiencing is likely unrelated to anything she has done, has its roots in broader social stereotypes about women and is not something she has to fix.

Flirtation is an overstepping of boundaries; however, when actions are threatening, they represent an abuse of power and are properly termed "sexual harassment." The use of the term "flirtation" to refer to the abuse of power involved in a sexual invitation from a physician to a patient is also questionable.

Susan Phillips, MD, CCFP
Hotel Dieu Family Medicine Centre of
Queen's University
Kingston, Ont.

Reference

1. Phillips SP, Schneider M: Sexual harassment of female doctors by patients. *N Engl J Med* 1993; 329: 1936-1939

[The authors respond:]

We are grateful to Dr. Rourke and associates for their excellent letter, which adds an important dimension to our article.

Dr. Phillips' letter, on the other hand, is somewhat confusing, and she appears to have misinterpreted our objective. Our focus was on the inevitability and normality of erotic feelings in the physician-patient relationship, on tactics to protect the safety of both patients and physicians, and on fostering the emotional growth of both. Phillips prefers to consider such issues within a legal and political framework that focuses on the female physician as the victim.

We agree with Phillips that the experiences of male and female physicians are different, and that further exploration of these differences

would be valuable. However, we do not agree that female doctors feel more "victimized"; in fact, it is our experience that male doctors may be more fearful of sexual encounters with patients than female doctors are. We believe that the balance of power between physicians and patients is very complex, that the sex of the two people affects that balance, and that a simplistic analysis will not help physicians manage their relationships more effectively.

Gail A. Golden, PhD
Psychologist
Victoria Family Medical Centre
Michael Brennan, MD, CCFP
Professor emeritus
Department of Family Medicine
University of Western Ontario
London, Ont.

INFORMAL CLINICAL CONSULTING VIA THE INTERNET

Although the Internet has existed for several years, until recently it has been used primarily by scientific and technical workers. Now that Internet access has become commonly available through service providers, some patients are using this technology to aid in their medical care. The following case recently came to my attention.

A middle-aged communications technologist had noted for several years that food was getting caught in what he believed to be a pouch in his esophagus. Although this was not usually a problem, filling of the pouch was leading more and more often to vomiting in socially embarrassing circumstances.

Because the man did not have a family physician, he sought information on his condition from friends, relatives and the *Merck Manual*. He suspected that the description of

Zenker's diverticulum in the manual matched his condition. He then conducted a search of the Internet (using the Lycos search engine) and found a reference to Zenker's diverticulum in an article I posted to GasNET (a clinical Internet resource at <http://gasnet.med.yale.edu>).

As a result, the patient telephoned me seeking clinical advice. I provided informal advice, outlined what investigations could be done and provided the patient with the names of clinicians with experience in esophageal conditions.

This story illustrates some of the useful ways patients may sometimes acquire clinical information. As the Internet continues to increase in popularity, I expect that patients will "surf the net" for information about their condition.

D. John Doyle, MD, PhD, FRCPC
Toronto Hospital
Toronto, Ont.

VISIONS OF OUR MEDICARE FUTURE: STATUS QUO HAS BECOME A DIRTY WORD IN CANADIAN HEALTH CARE [CORRECTION]

This article by Charlotte Gray (*Can Med Assoc J* 1996; 154: 693-696) left the impression that the proposal by the Health Action Lobby (HEAL) for a health-related transfer would cause the federal government to abandon funding for social assistance and postsecondary education. In fact, HEAL's proposal acknowledged the need for the government to ensure that enough targeted cash is transferred to the provinces and territories to provide reasonably comparable levels of health care, social services and postsecondary education across the country. — Ed.